

Time Payment Contract Application

CITATION NUMBER: _____ LICENSE PLATE NUMBER: _____

PERSONAL CONTACT INFORMATION

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____ CELL: _____

E-MAIL _____

DRIVER'S LICENSE NUMBER: _____ **Include a copy of Driver's License**

ARE YOU THE REGISTERED OWNER? (Circle one) : YES / NO / RENTAL

- IF NO, PLEASE PROVIDE RELATIONSHIP TO REGISTERD OWNER _____
- IF NO, IS THE REGESTERED OWNER AWARE YOU ARE SETTING UP A TIME PAYMENT? _____
 - If No, Requires **Declaration for RO Authorization** for Time Payment Installment Plan
(Excluding Rental Companies)

EMPLOYMENT INFORMATION

EMPLOYER: _____

EMPLOYER ADDRESS: _____

EMPLOYER TELEPHONE NUMBER: _____

ADDITIONAL CONTACT INFORMATION

*NAME OF NEAREST RELATIVE/ FRIEND: _____

*CONTACT NUMBER FOR RELATIVE/ FRIEND: _____

Time Payment Contract Application

Declaration for Registered Owners Authorizing Representative to Sign for Time Payment Installment Plan

I, _____ do hereby authorize
(Registered Owner)

_____ to sign a Time Payment Installment Plan.
(Authorized Representative)

Infraction Number (s) _____

Plate Number(s) _____

I understand that I am ultimately responsible for the citation(s) as Legal Registered Owner of the vehicle.

I understand that if the Authorized Representative fails to complete the obligations of the Time Payment Installment Plan, the plan will be reversed and the fine will be due in full, including any such penalties that were placed on hold as a result of scheduling the Time Payment Plan.

I understand that if the Authorized Representative fails to complete the obligations of the Time Payment Installment Plan, I may not request a hearing in the future.

I understand and agree that, if necessary, due to the lack of timely payment, the City of Las Vegas can and will use their rights to pursue the balance through a Collection Agency incurring additional fees and if necessary file a civil judgment against me in the Las Vegas Municipal Court.

I understand that if a civil judgment is obtained, the City may seek and obtain a Writ of Execution against me. I understand that if a Writ of Execution is obtained, my wages and/or bank account may be garnished, liens may be put on my property, and my vehicle(s) may be towed or immobilized.

Knowing all of the above, I still wish to have the Authorized Representative act on my behalf to request a Time Payment Installment Plan on the above-described Notice of Infraction(s).

Phone number _____ Alternate Phone Number _____

(Registered Owner – Print & Sign)

Date

***Registered Owners / Authorized Representative(s) are required to provide a copy of Registered Owner's picture I.D. along with signed form.**

***Business owned vehicles are required to supply an authorization on letterhead from the Owner/Manager of said vehicle.**

***This form is required before scheduling the Authorized Representative can schedule a Time Payment Agreement.**

This form can be faxed to (702) 382- 2309